
Other Licensed Practitioners' Services (continued)

- (d) Ophthalmic dispensers' services, limited to dispensing service or a repair service (for eyeglasses provided to eligible recipients), are covered. The following limitations are also applicable:
- (1) Telephone contacts are not covered;
 - (2) Contact lens are not covered;
 - (3) Safety glasses are covered when medically necessary subject to prior authorization requirements described in material on file in the state agency.

7. Home Health Care Services7.a. Intermittent or Part-Time Nursing Service

1. There are no limitations on the intermittent or part-time nursing service provided by the home health agency.
2. There are no limitations on the intermittent or part-time nursing service provided by the registered nurse when no home health agency exists in the area except that the registered nurse must be approved by the local health department serving that area as capable of performing the service.
3. Home health agencies may provide disposable medical supplies necessary for, or related to, the provision of intermittent or part-time nursing service as specified for coverage by the Medicaid Program.

7.c. Medical Supplies, Equipment, and Appliances Suitable for Use in the Home

Each provider desiring to participate as a durable medical equipment, appliance, and medical supplies provider must be a Medicare participating provider (except that for the period of October 1, 1993 through March 31, 1994, the provider is not required to be participating in Medicare if the provider is also participating in the Medicaid Program as another type of provider), and sign a provider agreement with the Cabinet for Human Resources, Department for Medicaid Services.

Durable medical equipment, appliances, and medical supplies are covered only in accordance with the following conditions:

1. The equipment, appliances, or supplies which are covered shall be limited to those covered in the Medicare Program unless separately specified for coverage by the cabinet. Any equipment or appliance with a cost of \$150 or more must be preauthorized by the cabinet.
2. The equipment, appliances, or supplies shall be ordered by the physician as required in the treatment of the patient.
3. The equipment, appliances, or supplies shall be suitable for the patient to use in the home.
4. The recipient utilizing the equipment, appliances, or supplies shall be Medicaid eligible, and the durable medical equipment providers shall be required to participate as providers in both the Medicare and Medicaid Programs.
5. Coverage for an item of durable medical equipment or appliance shall be in accordance with the following guidelines: that the item shall be durable in nature and able to stand repeated use; serve a medical purpose; generally be not useful to a person in the absence of illness or injury; be appropriate for use in the home; and be necessary, appropriate and reasonable for treatment of an illness or injury or to improve the functioning of a malformed body member. This definition includes but is not limited to wheelchairs, crutches, walkers, intermittent positive pressure breathing machines, braces, artificial limbs, and oxygen (when such oxygen supply can be maintained, replaced, or resupplied at all times). The Medicare Program will be used as a guide for determining the appropriateness for coverage, where applicable.

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The following general types of equipment or appliance are excluded from coverage under durable medical equipment or appliances.

1. Items of equipment or appliances which would appropriately be considered for coverage only through other sections of the Medical Assistance Program, such as lens and frames, hearing aides, and pacemakers.
 2. Equipment or appliances which are primarily and customarily used for a non-medical purpose, such as air conditioners, room heaters, and humidifiers.
 3. Physical fitness equipment, such as exercycles.
 4. Equipment or appliances which basically serve comfort or convenience functions or are primarily for convenience of the person caring for the patient, such as elevators and stairway elevator.
- 7.d. Physical-therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.
1. Audiology services are not provided under this component.
 2. Physical therapy, occupational therapy, or speech pathology services provided by a medical rehabilitation facility are not provided under this component.

9. Clinic Services

Coverage for clinic services is limited to services provided by the following clinics and includes:

1. Mental Health Centers licensed in accordance with applicable state laws and regulations. However, services rendered by Community Mental Health Centers to Skilled Nursing or Intermediate Care Facility patients/residents are not covered.
2. Family Planning Clinics.
3. Clinics engaging in screening for the purposes of the early and periodic screening, diagnosis and treatment component of the Medical Assistance Program.
4. Outpatient Surgical Clinics.
5. Other clinics authorized under 42 CFR 440.90

9. Clinic Services (continued)

Abortion services are reimbursable under the Medical Assistance Program only when service to provide an abortion or induce miscarriage is, in the opinion of a physician, necessary for the preservation of the life of the woman seeking such treatment or to comply with the federal court order in the case of *Hope vs. Childers*. Any request for program payment for an abortion or induced miscarriage must be justified by a signed physician certification documenting that in the physician's opinion the appropriate circumstances, as outlined in sentence one of this paragraph, existed. A copy of the completed certification form and an operative report shall accompany each claim submitted for payment. However, when medical services not routinely related to the uncovered abortion service are required, the utilization of an uncovered abortion service shall not preclude the recipient from receipt of medical services normally available through the Medical Assistance Program.

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10. Dental Services

- A. A listing of dental services available to recipients age 21 and over is maintained at the central office of the single state agency and is shown in the provider manual.

B. Out-of-Hospital Dental Services

- (1) A listing of dental services available to Medicaid recipients is maintained at the central office of the single state agency and is shown in the provider manual.

C. In-Hospital Care

Coverage for services rendered by dentists for hospital inpatient care is limited to services for patients that are determined to be medically necessary. This includes, but is not limited to, patients with:

- 1) Heart disease
- 2) Respiratory disease
- 3) Chronic bleeder
- 4) Uncontrollable patient (retardate-emotionally disturbed)
- 5) Other (care accident, high temperature, massive infection, etc.)

D. Oral Surgery

A listing of oral surgeon services available to Medicaid recipients is maintained at the central office of the single state agency and is shown in the provider manual.

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11. Physical Therapy and Related Services**A. Physical Therapy (Limitations apply to both categories)**

Coverage is limited to the provision of such services when (1) provided to inpatients of acute participating hospitals and skilled nursing facilities or to residents of intermediate care facilities as part of an approved plan of treatment or (2) when provided through participating home health agencies or hospital outpatient departments.

B. Occupational Therapy (Limitations apply to both categories)

Coverage is limited to the provision of such services through a participating home health agency, or when provided to patients in Skilled Nursing or Intermediate Care Facilities as part of an approved plan of treatment.

**C. Services for Individuals with Speech, Hearing and Language Disorders-
Provided by or under supervision of a speech pathologist or audiologist
(Limitations apply to both categories.)****(1) Speech Disorders**

Coverage is limited to the provision of such services when (1) provided to inpatients of acute participating hospitals and skilled nursing facilities or to residents of intermediate care facilities or (2) when provided through participating home health agencies or in hospital outpatient departments.

12. Prescribed Drugs, Dentures, and Prosthetic Devicesa. Prescribed Drugs

- (1) Drugs for which Medical Assistance reimbursement is available are limited to the following: Covered outpatient drugs of any manufacturer which has entered into and complies with an agreement under Section 1927(a) of the Act which are prescribed for a medically accepted indication.
- (2) The drugs or classes of drugs listed in Section 1927 (d)(2) of the Social Security Act (Section 4401 of Public Law 101-508) are excluded from coverage unless specifically (individually by drug within the class) placed on the Outpatient Drug List or preauthorized using the department's usual preauthorization criteria.
- (3) Coverage is provided for those drugs included on the Kentucky Medical Assistance Program Outpatient Drug List which are prescribed for out-patient use as a medicine by a physician, osteopath, dentist or podiatrist without preauthorization. Preauthorization for a drug(s) not on the drug list may be secured if use of the desired drug(s) will prevent hospitalization, or a higher level of care, of the patient.
- (4) A patient "locked in" to one pharmacy due to over-utilization may receive pharmacy services only from his/her lock-in provider except in the case of emergency or referral.
- (5) Practitioner authorization is required on covered prescriptions refilled up to 5 times in a six-month period from the date of issue.
- (6) Drugs with a "less-than-effective" FDA rating (and identical, related, or similar drugs) shall not be covered.

C. Prosthetic Devices

Coverage is limited to those devices which: (a) are deemed essential for medical care and treatment during the inpatient hospital stay of an eligible recipient, and (b) would be considered unreasonable or impossible from a medical standpoint to limit the patient's use of the item to the inpatient period.

Prosthetic Services (continued)

Orthopedic shoes not attached to braces may be provided as medically necessary, subject to prior authorization.

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